

## JRI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025125

FILED VS JUN 29 1960

INDEXED

Registration District No. <b>318</b>		Primary Registration District <b>1003</b>		Registrar's No. <b>5849</b>		STATE FILE NUMBER	
<b>1. PLACE OF DEATH</b> a. COUNTY				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>12 days</b>		c. CITY OR TOWN <b>Wellston</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3101 Thelma Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>George</b> Middle <b>R.</b> Last <b>Wood, Sr.</b>				<b>4. DATE OF DEATH</b> Month <b>6</b> Day <b>6</b> Year <b>60</b>			
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>12/30/10</b>	
<b>9. AGE</b> (last birthday) <b>49</b>		<b>IF UNDER 1 YEAR</b> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		<b>IF UNDER 24 HR</b> Hours <input type="checkbox"/> Min. <input type="checkbox"/>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Tile Setter</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Tile</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Harry T. Wood</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ida M. Swenhart</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lee Wood</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown): (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>498-03-1542</b>		<b>17. INFORMANT</b> Address <b>Mrs. Lee Wood, 3101 Thelma Ave.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Art sclerotic heart dis, acute</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>myocardial infarction and failure</b> DUE TO (c) <b>420.0</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 wks</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mellitus</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> <b>STATE</b>	
<b>21. I attended the deceased from</b> <b>3-22-52</b> to <b>June 6-60</b> and last saw her/him alive on <b>June 5, 1960</b> Death occurred at <b>12:15</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <b>Wayne O Gorla M.D.</b>		<b>22b. ADDRESS</b> <b>100 N. Euclid</b>		<b>22c. DATE SIGNED</b> <b>6-7-60</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>removal</b>		<b>23b. DATE</b> <b>6/9/60</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Laurel Hill Mem. Gar.</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County Mo.</b>	
<b>24. FUNERAL DIRECTOR</b> <b>Drehmann-Harral</b>		ADDRESS <b>1905 Union</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>JUN 7 1960</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>Ed Smith, M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

77

Hrs. 11 noon 6/7

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 353

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.